

101-Year Old Physician Looks Back on Navy Medical Career

U.S. Navy Bureau of Medicine and Surgery

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Date: 04.16.2021

Posted: 04.16.2021 16:00

News ID: 394087

At 101, Dr. Jack Hughes has achieved a longevity that puts him in rare company. Having a well-honed memory that extends back most of this lifetime including operational experiences in World War II is rarer still.

The native of Tabor City, N.C., obtained a Navy Medical Corps reserve commission in 1942 while studying medicine at the University of Pennsylvania. He remained in reserve status until graduating in 1944.

“Ten days after graduating I got orders for Bainbridge, Maryland,” recalls Dr. Hughes. “It was all rather sudden.”

At the Naval Training Center Bainbridge, Hughes took care of new sailors and treated the usual assortment of recruit issues such as catarrhal fever, acute pharyngitis, with the occasional case of meningitis and pneumonia. Hughes recalls treating a patient with strep septicemia with the then new miracle drug Penicillin, which had been available in the Navy for less than a year at that point.



But just as he was getting into the daily routine of being a Navy physician, Hughes received orders to report to Lido Beach, Long Island, N.Y. While there he and fellow medical officers and corpsmen were organized into a unit code named “Foxy 29” slated for participation in the invasion of Europe. They were assigned amphibious duty aboard Landing Ship Tanks (LSTs).

“There were 120 new Navy physicians and over 2,000 corpsmen at Lido Beach,” said Hughes. “They broke us into groups and then started shipping us out on the LSTs after that.”

After training at Lido, Hughes took a train to Bayonne, N.J. where he shipped out on LST-138. They sailed up to Halifax, Nova Scotia where they awaited for a convoy before braving the crossing of the Atlantic in April 1944.

Hughes described the convoy being organized into “13 rows of five ships,” including 15 LSTs and two aircraft carriers. He still recalls the sea sickness, the waves and weather and a mishap that nearly turned deadly. “Early in the morning a freighter loaded with ammunition got its rudder fouled up and started running through the convoy like a Keystone Cop in a T-Model Ford. It had several close shaves, but no crashes.”

After stops in Wales and then Scotland, Hughes arrived in southern England where he was assigned to LST-497 along with another lieutenant junior grade physician and 20 hospital corpsmen. They took part in training exercises off the Channel town of Southampton.

Early in the morning of June 6th, 1944, LST-497 shipped out to participate in the invasion of Normandy.

“At 4 o’clock in the morning I went topside and there were ships and airplanes everywhere you looked,” said Hughes. “There were more ships than I ever imagined existed.”

His ship was originally planned to drop off its load of Howitzer guns on the beach. The ship directly in front of LST-497 was hit. “We didn’t quite get to the beach,” stated Hughes. “After the ship was hit we backed out and

stood offshore and watched the action until it got dark and then we began taking on wounded.”

Although LSTs like “497” had originally been conceived to transport tanks, trucks, personnel and ammunition in amphibious operations, medical planners also recognized practical uses for their large cargo holds (tank decks) in clearing sick and injured personnel from beachheads. These ships were first adapted for medical uses in the Pacific Theater in 1943. And as plans for Operation Overlord (Normandy Invasion) were being formulated, the Navy identified the LST as the primary casualty transport for this operation.

On June 7th, 1944, LST-497 took on 100 casualties. In addition to the medical company, the ship also was carrying part of an Army hospital unit who assisted in the care of the casualties until they were offloaded. The ship then transported the casualties to British Coast where definitive care was available at facilities like the Navy-led, 1,000-bed Base Hospital No 12 at the Royal Victoria Hospital in Netley.

LST-497 was one of 106 LSTs at Normandy specifically designated for casualty evacuation. Of these, 95 of them carried casualties on more than one trip and 54 of them were specially converted with hanger racks and even small operating rooms to serve as a Casualty Treatment Receiving Ships. Although each LST was designated to carry about 200 casualties (both ambulatory and stretcher cases), LST could embark up to 331 casualties on a single trip. And through D plus 11 days, LSTs evacuated nearly 80 percent of all Allied casualties (79.62 percent).

LSTs designed for casualty evacuation were expected to make three “turn-around” trips across the English Channel over a 10-day period. After disembarking casualties at one of the three designated ports in Southern England, the LST holds were typically reloaded with equipment, supplies and personnel and it set sail again for the Normandy coast.

One day after returning to Normandy, a sailor with acute appendicitis was brought aboard the ship.

“Fortunately we had hemostats of various sizes, plenty of suture, Novocaine and morphine,” remembered Hughes. “But by then the Army doctors and aid men had left with their equipment. We didn’t have any retractors for the appendectomy.” In a typical example of Navy shipboard ingenuity, Hughes and his colleagues went to the galley where they collected silverware and “spatulas of different sizes” and then took them down to the machine shop to make the retractors. The surgery was successful and, as Hughes put it, “The patient made an uneventful recovery.”

After 30 trips across the English Channel—where they continuously transported casualties and brought needed supplies back to the front—Dr. Hughes returned home. He served briefly at the Marine Barracks at Parris Island, S.C., as staff doctor and venereal disease control officer. During his final 22-months in the Navy he was mentored by a physician at the Naval Hospital Parris Island named Lt. Cmdr. Ben Klotz who inspired Hughes to pursue urology.

After leaving the service in 1946, Hughes studied three years under legendary urologist Dr. Frederick Foley, inventor and namesake of Foley Catheter. He then went on to practice urology in Durham, N.C. before 50 years before retiring.

In looking back on his wartime experiences, Hughes downplays his own role while hearkening the oral historian Studs Turkel.

“It was good war and necessary war and everyone did what they had to do,” said Hughes. “It was just part of life back then.”

Sources.

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